

**TOWN OF CARLISLE REQUEST FORM  
FOR ENGINEERING SERVICES**

Location of Property: \_\_\_\_\_  
(street address, map and parcel)

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Property Owner and  
Address \_\_\_\_\_

Engineer/Soil Evaluator \_\_\_\_\_

Company Address and Telephone: \_\_\_\_\_  
\_\_\_\_\_

**SERVICES REQUESTED\*:**

Indicate:      New Installation [   ] voluntary Upgrade [   ] Failed System [   ]

If a failed system, reason for failure: \_\_\_\_\_  
\_\_\_\_\_

Testing Date Requested: \_\_\_\_\_ Confirmed Date: \_\_\_\_\_

Testing Requested:   Percolation Test [   ] Deep Hole [   ] Observation Pipe Reading [   ]

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby agrees to comply with all provisions of the Town of Carlisle Board of Health regulations, State Environmental Code and the Wetlands Protection Act and Carlisle Local Wetlands Protection Bylaw.

Signature of Applicant or Engineer: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*If equipment access to the testing site requires a wetland crossing, contact the Carlisle Conservation Administrator.

**ENGINEERING FEES**

|             |   |
|-------------|---|
| \$350       | Prepayment for witnessing soil tests (up to 3.0 hours per one owner)  |
| \$150       | Prepayment for additional testing days on same lot  |
| Actual Cost | Additional time over 3.0 hours on any one testing day   |
| \$50        | Reading previously installed observation pipe (per lot)   |
| \$150       | Late cancellation (after 3 p.m. day before) and No Shows  |
| \$          | Late cancellation by Board of Health (after 3 p.m. day before) – refund of original fee and up to 3.0 hours of witnessed testing (same day) |